

**Mobility Fund**  
**Phase 1 - \$54.1009 Annual Reporting**  
**Data Collection Form**

FCC Form  
Approved by OMB  
OMB 3060-1185  
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code 178005  
<015> Study Area Name NEP Cellcorp, Inc.  
<020> Program Year 2014  
<030> Contact Name: Person USAC should contact with questions about this data Rick Kulasinsky  
<035> Contact Telephone Number: Number of the person identified in data line <030> 5707853131 ext.  
<039> Contact Email: Email of the person identified in data line <030> rk@nep.net

Received & Inspected

AUG 06 2014

FCC Mail Room

(check box when complete)

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040>

☒ ☐

<041> Attach a description of the documents filed with the Form 481 reporting

<041> Form481NEPCellcorpInc178005.pdf

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042> 179010

<043> Cite the date of the Form 481 reporting

<043> 07/01/2014

<050> **Carrier Contact Information** (has the contact info. changed since prior filing? Yes or No)

☐ ☒

(if yes, complete the attached worksheet)

<050> ☐

<060> **Coverage and Performance Report**

(complete attached worksheet)

<060> ☒

<070> **Urban Rate Comparability Certification**

(complete attached certification)

<070> ☒

<080> **Tribal Lands Reporting (y/n?)** (Does this study area cover tribal lands? Yes or No)

☐ ☒

(if yes, complete the attached worksheet)

<080> ☐

<090> **Project Update Information**

(complete attached worksheet)

<090> ☒

<100> **Certifications**

<101> Reporting Carrier Certification (complete attached certification)

<101> ☒

<102> Agent Certification (complete attached certification)

<102> ☐

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110>	FCC Registration Number	
<111>	Filing Carrier Name	
<112>	Winning Bidder Carrier Name	
<113>	Street Address (or PO Box)	
<114>	City	
<115>	State	
<116>	Zip-Code	
<117>	Telephone Number	
<118>	Fax Number	
<119>	Email Address	

**Contact Information**

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Filing Carrier Name	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

**Authorized Agent Information**

if no agent, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

### Electronic Shapefiles attachments

Name of Attached Document (.zip)

**Drive Test Results attachments**

Name of Attached Document (.zip)

### Scattered Site Test Results attachments

Name of Attached Document (.zip)

[illegible]

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**(070) Urban Rate Comparability Certification Compliance**FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185  
Page 4 of 8

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NEP Cellcorp, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/31/2014
Printed name of Authorized Officer:	Rick Kulasinsky
Title or position of Authorized Officer:	Wireless Engineering and Operations Manager
Telephone number of Authorized Officer:	5707853131 ext.
Study Area Code of Reporting Carrier:	178005 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rk@nep.net

&lt;142&gt; State

&lt;143&gt; County

&lt;144&gt; Tribal Land(s) on which ETC Serves

&lt;145&gt; Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- |       |  |                         |
|-------|--|-------------------------|
| <146> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | Select<br>(Yes, No, NA) |
| <147> | Feasibility and sustainability planning;   |                         |
| <148> | Marketing services in a culturally sensitive manner;   |                         |
| <149> | Compliance with Rights of way processes  |                         |
| <150> | Compliance with Land Use permitting requirements   |                         |
| <151> | Compliance with Facilities Siting rules  |                         |
| <152> | Compliance with Environmental Review processes   |                         |
| <153> | Compliance with Cultural Preservation review processes   |                         |
| <154> | Compliance with Tribal Business and Licensing requirements.                                    |                         |

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<200>	Date Authorized to Receive Support	04/26/2013
<201>	Targeted Completion Date	04/26/2016
<202>	Total Mobility Fund Support Awarded	1526068.0
<203>	Total Mobility Fund Support Disbursed	508689.33
<204>	Support Applied to Network Design	
<205>	Support Applied to Construction	
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input type="radio"/> Yes <input checked="" type="radio"/> No
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input checked="" type="radio"/> Yes <input type="radio"/> No
<210>	Actual Completion Date	04/26/2016
<211>	Project Status Description (attached)	178005_PSD_PA.pdf (Name of PDF attached)

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>



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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NEP Cellcorp, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Rick Kulasinsky
Title or position of Authorized Officer:	Wireless Engineering and Operations Manager
Telephone number of Authorized Officer:	5707853131 ext.
Study Area Code of Reporting Carrier:	178005
Filing Due Date for this form:	07/31/2014
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:****Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier**

I certify that (Name of Agent) \_\_\_\_\_ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY THE AUTHORIZED AGENT:****Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent:

Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent:

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



## Attachments

## (060) Coverage and Performance Report

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

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 <140> Coverage and Performance Report Year 06/2013 - 07/2014

<1>	<2>	<3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279602001045	0	0	0	0.19	0.0	0.0	Yes	No	No
PA	Wayne	421279602002010	0	0	0	0.22	0.0	0.0	No	No	No
PA	Wayne	421279602002001	0	0	0	0.23	0.0	0.0	No	No	No
PA	Wayne	421279602001171	0	0	0	0.05	0.0	0.0	No	No	No
PA	Wayne	421279602001225	0	0	0	0.39	0.0	0.0	No	No	No
PA	Wayne	421279602002072	0	0	0	0.28	0.0	0.0	No	No	No
PA	Wayne	421279602002005	0	0	0	2.07	0.0	0.0	No	No	No
PA	Wayne	421279602001027	0	0	0	0.44	0.0	0.0	No	No	No
PA	Wayne	421279602001241	0	0	0	0.09	0.0	0.0	No	No	No
PA	Wayne	421279602001206	0	0	0	0.06	0.0	0.0	No	No	No
PA	Wayne	421279602001019	0	0	0	0.45	0.0	0.0	No	No	No
PA	Wayne	421279602001073	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279602002185	0	0	0	0.08	0.0	0.0	No	No	No
PA	Wayne	421279602001174	0	0	0	2.65	0.0	0.0	No	No	No
PA	Wayne	421279602001133	0	0	0	0.13	0.0	0.0	No	No	No
PA	Wayne	421279602001261	0	0	0	0.31	0.0	0.0	No	No	No
PA	Wayne	421279602001264	0	0	0	0.14	0.0	0.0	No	No	No
PA	Wayne	421279602001100	0	0	0	1.81	0.0	0.0	No	No	No
PA	Wayne	421279602001197	0	0	0	0.2	0.0	0.0	No	No	No
PA	Wayne	421279602001058	0	0	0	0.3	0.0	0.0	No	No	No

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0

## (060) Coverage and Performance Report

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

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 <140> Coverage and Performance Report Year 06/2013 - 07/2014

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279602001226	0	0	0	0.08	0.0	0.0	No	No	No
PA	Wayne	421279602001227	0	0	0	0.68	0.0	0.0	No	No	No
PA	Wayne	421279602001106	0	0	0	0.1	0.0	0.0	No	No	No
PA	Wayne	421279602001190	0	0	0	0.16	0.0	0.0	No	No	No
PA	Wayne	421279602001122	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279602001157	0	0	0	1.71	0.0	0.0	No	No	No
PA	Wayne	421279602002019	0	0	0	0.38	0.0	0.0	No	No	No
PA	Wayne	421279602001185	0	0	0	3.62	0.0	0.0	No	No	No
PA	Wayne	421279602001088	0	0	0	0.09	0.0	0.0	No	No	No
PA	Wayne	421279602001147	0	0	0	0.77	0.0	0.0	No	No	No
PA	Wayne	421279602001017	0	0	0	0.32	0.0	0.0	No	No	No
PA	Wayne	421279602001154	0	0	0	1.04	0.0	0.0	No	No	No
PA	Wayne	421279602001121	0	0	0	0.47	0.0	0.0	No	No	No
PA	Wayne	421279602002147	0	0	0	0.1	0.0	0.0	No	No	No
PA	Wayne	421279602001109	0	0	0	0.15	0.0	0.0	No	No	No
PA	Wayne	421279602001184	0	0	0	1.86	0.0	0.0	No	No	No
PA	Wayne	421279602001075	0	0	0	1.55	0.0	0.0	No	No	No
PA	Wayne	421279602001134	0	0	0	1.53	0.0	0.0	No	No	No
PA	Wayne	421279602001186	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279602001108	0	0	0	0.08	0.0	0.0	No	No	No

Percentage of  
Total Population  
Reached by  
Service

Percentage of Total  
Road Miles covered  
by Service



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<01>	<02>	<03>	<04>	<05>	<06>	<07>	<08>	<09>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279602002006	0	0	0	0.26	0.0	0.0	No	No	No
PA	Wayne	421279602001172	0	0	0	0.14	0.0	0.0	No	No	No
PA	Wayne	421279602001177	0	0	0	1.02	0.0	0.0	No	No	No
PA	Wayne	421279602002169	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279602001032	0	0	0	0.17	0.0	0.0	No	No	No
PA	Wayne	421279602001107	0	0	0	1.06	0.0	0.0	No	No	No
PA	Wayne	421279602001222	0	0	0	0.47	0.0	0.0	No	No	No
PA	Wayne	421279602001031	0	0	0	0.14	0.0	0.0	No	No	No
PA	Wayne	421279602001219	0	0	0	1.31	0.0	0.0	No	No	No
PA	Wayne	421279602002070	0	0	0	0.33	0.0	0.0	No	No	No
PA	Wayne	421279602001014	0	0	0	1.78	0.0	0.0	No	No	No
PA	Wayne	421279602001132	0	0	0	3.0	0.0	0.0	No	No	No
PA	Wayne	421279602001129	0	0	0	0.54	0.0	0.0	No	No	No
PA	Wayne	421279602001231	0	0	0	0.13	0.0	0.0	No	No	No
PA	Wayne	421279602001096	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279602002009	0	0	0	0.38	0.0	0.0	No	No	No
PA	Wayne	421279602001012	0	0	0	3.78	0.0	0.0	No	No	No
PA	Wayne	421279602001074	0	0	0	0.46	0.0	0.0	No	No	No
PA	Wayne	421279602001168	0	0	0	0.07	0.0	0.0	No	No	No
PA	Wayne	421279602001139	0	0	0	0.5	0.0	0.0	No	No	No

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0

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<14>

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)	
PA	Wayne	421279602001208	0	0	0	0.18	0.0	0.0	No	No	No	
PA	Wayne	421279602002027	0	0	0	0.01	0.0	0.0	No	No	No	
PA	Wayne	421279602002025	0	0	0	0.01	0.0	0.0	No	No	No	
PA	Wayne	421279602002201	0	0	0	0.07	0.0	0.0	No	No	No	
PA	Wayne	421279602001218	0	0	0	0.7	0.0	0.0	No	No	No	
PA	Wayne	421279602001018	0	0	0	0.09	0.0	0.0	No	No	No	
PA	Wayne	421279602001253	0	0	0	1.72	0.0	0.0	No	No	No	
PA	Wayne	421279602001250	0	0	0	0.13	0.0	0.0	No	No	No	
PA	Wayne	421279602001124	0	0	0	0.49	0.0	0.0	No	No	No	
PA	Wayne	421279602001068	0	0	0	0.41	0.0	0.0	No	No	No	
PA	Wayne	421279602001051	0	0	0	2.12	0.0	0.0	No	No	No	
PA	Wayne	421279602001110	0	0	0	1.2	0.0	0.0	No	No	No	
PA	Wayne	421279602001170	0	0	0	0.61	0.0	0.0	No	No	No	
PA	Wayne	421279602001079	0	0	0	0.26	0.0	0.0	No	No	No	
PA	Wayne	421279602001059	0	0	0	0.12	0.0	0.0	No	No	No	
PA	Wayne	421279602001202	0	0	0	0.66	0.0	0.0	No	No	No	
PA	Wayne	421279602001201	0	0	0	0.1	0.0	0.0	No	No	No	
PA	Wayne	421279602001126	0	0	0	0.15	0.0	0.0	No	No	No	
PA	Wayne	421279602001024	0	0	0	0.21	0.0	0.0	No	No	No	
PA	Wayne	421279602001008	0	0	0	0.09	0.0	0.0	No	No	No	

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0



<010> Study Area Code 178005  
 <015> Study Area Name NEP Cellcorp, Inc.  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net  
 <140> Coverage and Performance Report Year 06/2013 - 07/2014

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279602001200	0	0	0	1.75	0.0	0.0	No	No	No
PA	Wayne	421279602002166	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279602001207	0	0	0	0.18	0.0	0.0	No	No	No
PA	Wayne	421279602001158	0	0	0	1.49	0.0	0.0	No	No	No
PA	Wayne	421279602001011	0	0	0	0.82	0.0	0.0	No	No	No
PA	Wayne	421279602002013	0	0	0	1.26	0.0	0.0	No	No	No
PA	Wayne	421279602001043	0	0	0	0.36	0.0	0.0	No	No	No
PA	Wayne	421279602001269	0	0	0	0.05	0.0	0.0	No	No	No
PA	Wayne	421279602001064	0	0	0	0.88	0.0	0.0	No	No	No
PA	Wayne	421279602001127	0	0	0	0.54	0.0	0.0	No	No	No
PA	Wayne	421279602001114	0	0	0	0.11	0.0	0.0	No	No	No
PA	Wayne	421279602001046	0	0	0	0.11	0.0	0.0	No	No	No
PA	Wayne	421279602001221	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279602002023	0	0	0	0.19	0.0	0.0	No	No	No
PA	Wayne	421279602001136	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279602001053	0	0	0	0.63	0.0	0.0	No	No	No
PA	Wayne	421279602001087	0	0	0	3.39	0.0	0.0	No	No	No
PA	Wayne	421279602001164	0	0	0	0.08	0.0	0.0	No	No	No
PA	Wayne	421279602001187	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279602002002	0	0	0	0.24	0.0	0.0	No	No	No

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0



## (060) Coverage and Performance Report

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

<010> Study Area Code 178005  
 <015> Study Area Name NEP Cellcorp, Inc.  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net  
 <140> Coverage and Performance Report Year 06/2013 - 07/2014

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279602002074	0	0	0	0.21	0.0	0.0	No	No	No
PA	Wayne	421279602001175	0	0	0	1.03	0.0	0.0	No	No	No
PA	Wayne	421279602001189	0	0	0	0.31	0.0	0.0	No	No	No
PA	Wayne	421279602001162	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279602001078	0	0	0	0.3	0.0	0.0	No	No	No
PA	Wayne	421279602001212	0	0	0	2.44	0.0	0.0	No	No	No
PA	Wayne	421279602001061	0	0	0	1.19	0.0	0.0	No	No	No
PA	Wayne	421279602001112	0	0	0	0.28	0.0	0.0	No	No	No
PA	Wayne	421279602001194	0	0	0	1.24	0.0	0.0	No	No	No
PA	Wayne	421279602001016	0	0	0	0.11	0.0	0.0	No	No	No
PA	Wayne	421279602001081	0	0	0	0.94	0.0	0.0	No	No	No
PA	Wayne	421279602001146	0	0	0	0.04	0.0	0.0	No	No	No
PA	Wayne	421279602001003	0	0	0	0.17	0.0	0.0	No	No	No
PA	Wayne	421279602001094	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279602001156	0	0	0	0.09	0.0	0.0	No	No	No
PA	Wayne	421279602001048	0	0	0	0.12	0.0	0.0	No	No	No
PA	Wayne	421279602001210	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279602001203	0	0	0	0.52	0.0	0.0	No	No	No
PA	Wayne	421279602001141	0	0	0	0.26	0.0	0.0	No	No	No
PA	Wayne	421279602001188	0	0	0	0.24	0.0	0.0	No	No	No

Percentage of  
Total Population  
Reached by  
Service

Percentage of Total  
Road Miles covered  
by Service

<010> Study Area Code 178005  
 <015> Study Area Name NEP Cellcorp, Inc.  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net  
 <140> Coverage and Performance Report Year 06/2013 - 07/2014

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279602001015	0	0	0	0.05	0.0	0.0	No	No	No
PA	Wayne	421279602001211	0	0	0	0.18	0.0	0.0	No	No	No
PA	Wayne	421279602001002	0	0	0	7.44	0.0	0.0	No	No	No
PA	Wayne	421279602001123	0	0	0	0.2	0.0	0.0	No	No	No
PA	Wayne	421279602001137	0	0	0	0.16	0.0	0.0	No	No	No
PA	Wayne	421279602001092	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279602001196	0	0	0	0.13	0.0	0.0	No	No	No
PA	Wayne	421279602001153	0	0	0	1.52	0.0	0.0	No	No	No
PA	Wayne	421279602001062	0	0	0	0.41	0.0	0.0	No	No	No
PA	Wayne	421279602001120	0	0	0	1.73	0.0	0.0	No	No	No
PA	Wayne	421279602001060	0	0	0	0.05	0.0	0.0	No	No	No
PA	Wayne	421279602001080	0	0	0	0.37	0.0	0.0	No	No	No
PA	Wayne	421279602002004	0	0	0	0.06	0.0	0.0	No	No	No
PA	Wayne	421279602001258	0	0	0	1.68	0.0	0.0	No	No	No
PA	Wayne	421279602001167	0	0	0	2.1	0.0	0.0	No	No	No
PA	Wayne	421279602001131	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279602001125	0	0	0	0.42	0.0	0.0	No	No	No
PA	Wayne	421279602001199	0	0	0	1.3	0.0	0.0	No	No	No
PA	Wayne	421279602001119	0	0	0	1.05	0.0	0.0	No	No	No
PA	Wayne	421279602002168	0	0	0	0.03	0.0	0.0	No	No	No

Percentage of  
Total Population  
Reached by  
Service

Percentage of Total  
Road Miles covered  
by Service



## (000) Coverage and Performance Report

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

<010> Study Area Code 178005  
 <015> Study Area Name NEP Cellcorp, Inc.  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net  
 <140> Coverage and Performance Report Year 06/2013 - 07/2014

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279602001047	0	0	0	3.44	0.0	0.0	No	No	No
PA	Wayne	421279602001173	0	0	0	0.85	0.0	0.0	No	No	No
PA	Wayne	421279602001176	0	0	0	0.24	0.0	0.0	No	No	No
PA	Wayne	421279602002000	0	0	0	1.16	0.0	0.0	No	No	No
PA	Wayne	421279602001021	0	0	0	1.74	0.0	0.0	No	No	No
PA	Wayne	421279602001082	0	0	0	0.15	0.0	0.0	No	No	No
PA	Wayne	421279602001115	0	0	0	2.41	0.0	0.0	No	No	No
PA	Wayne	421279602001069	0	0	0	0.24	0.0	0.0	No	No	No
PA	Wayne	421279602001135	0	0	0	0.13	0.0	0.0	No	No	No
PA	Wayne	421279602001035	0	0	0	0.08	0.0	0.0	No	No	No
PA	Wayne	421279602001249	0	0	0	0.09	0.0	0.0	No	No	No
PA	Wayne	421279602001090	0	0	0	0.02	0.0	0.0	No	No	No
PA	Wayne	421279602001198	0	0	0	0.54	0.0	0.0	No	No	No
PA	Wayne	421279602001209	0	0	0	0.17	0.0	0.0	No	No	No
PA	Wayne	421279602001007	0	0	0	0.07	0.0	0.0	No	No	No
PA	Wayne	421279602001033	0	0	0	0.16	0.0	0.0	No	No	No
PA	Wayne	421279602001178	0	0	0	1.21	0.0	0.0	No	No	No
PA	Wayne	421279602001071	0	0	0	0.61	0.0	0.0	No	No	No
PA	Wayne	421279602002008	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279602001130	0	0	0	0.23	0.0	0.0	No	No	No

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0



**(060) Coverage and Performance Report**FCC Form 680  
Approved by OMB  
OMB Control No. 3060-1185

<010> Study Area Code 178005  
<015> Study Area Name NEP Cellcorp, Inc.  
<020> Program Year 2014  
<030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky  
<035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net  
<140> Coverage and Performance Report Year 06/2013 - 07/2014

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279602001037	0	0	0	5.0	0.0	0.0	No	No	No
PA	Wayne	421279602001084	0	0	0	2.51	0.0	0.0	No	No	No
PA	Wayne	421279602001145	0	0	0	0.04	0.0	0.0	No	No	No
PA	Wayne	421279602001013	0	0	0	0.14	0.0	0.0	No	No	No
PA	Wayne	421279602001029	0	0	0	0.07	0.0	0.0	No	No	No
PA	Wayne	421279602001039	0	0	0	0.44	0.0	0.0	No	No	No
PA	Wayne	421279602001195	0	0	0	0.2	0.0	0.0	No	No	No
PA	Wayne	421279602001160	0	0	0	1.51	0.0	0.0	No	No	No
PA	Wayne	421279602001065	0	0	0	0.09	0.0	0.0	No	No	No
PA	Wayne	421279602001213	0	0	0	0.66	0.0	0.0	No	No	No
PA	Wayne	421279602002200	0	0	0	0.05	0.0	0.0	No	No	No
PA	Wayne	421279602001067	0	0	0	2.26	0.0	0.0	No	No	No
PA	Wayne	421279602001116	0	0	0	0.22	0.0	0.0	No	No	No
PA	Wayne	421279602001142	0	0	0	0.13	0.0	0.0	No	No	No
PA	Wayne	421279602002020	0	0	0	0.47	0.0	0.0	No	No	No
PA	Wayne	421279602001038	0	0	0	0.32	0.0	0.0	No	No	No
PA	Wayne	421279602001204	0	0	0	3.64	0.0	0.0	No	No	No
PA	Wayne	421279602002187	0	0	0	0.07	0.0	0.0	No	No	No
PA	Wayne	421279602002015	0	0	0	0.72	0.0	0.0	No	No	No
PA	Wayne	421279602001166	0	0	0	1.32	0.0	0.0	No	No	No

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0

**[060] Coverage and Performance Report**

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

<010> Study Area Code 178005  
<015> Study Area Name NEP Cellcorp, Inc.  
<020> Program Year 2014  
<030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky  
<035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net  
<140> Coverage and Performance Report Year 06/2013 - 07/2014

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279602001148	0	0	0	0.5	0.0	0.0	No	No	No
PA	Wayne	421279602002066	0	0	0	0.04	0.0	0.0	No	No	No
PA	Wayne	421279602001030	0	0	0	0.14	0.0	0.0	No	No	No
PA	Wayne	421279602002024	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279602002067	0	0	0	0.4	0.0	0.0	No	No	No
PA	Wayne	421279602001151	0	0	0	0.09	0.0	0.0	No	No	No
PA	Wayne	421279602001165	0	0	0	0.06	0.0	0.0	No	No	No
PA	Wayne	421279602001205	0	0	0	0.56	0.0	0.0	No	No	No
PA	Wayne	421279602001143	0	0	0	0.12	0.0	0.0	No	No	No
PA	Wayne	421279602001118	0	0	0	0.87	0.0	0.0	No	No	No
PA	Wayne	421279602001054	0	0	0	2.15	0.0	0.0	No	No	No
PA	Wayne	421279602001251	0	0	0	0.29	0.0	0.0	No	No	No
PA	Wayne	421279602001057	0	0	0	4.1	0.0	0.0	No	No	No
PA	Wayne	421279602001182	0	0	0	0.36	0.0	0.0	No	No	No
PA	Wayne	421279602001063	0	0	0	0.2	0.0	0.0	No	No	No
PA	Wayne	421279602001138	0	0	0	0.06	0.0	0.0	No	No	No
PA	Wayne	421279602002022	0	0	0	0.28	0.0	0.0	No	No	No
PA	Wayne	421279602001181	0	0	0	0.4	0.0	0.0	No	No	No
PA	Wayne	421279602001009	0	0	0	0.21	0.0	0.0	No	No	No
PA	Wayne	421279602001055	0	0	0	0.88	0.0	0.0	No	No	No

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0



**[000] Coverage and Performance Report**

 FCC Form 690  
 Approved by OMB  
 OMB Control No. 3060-1185

<010>	Study Area Code	178005
<015>	Study Area Name	NEP Cellcorp, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Kulasinsky
<035>	Contact Telephone Number - Number of person identified in data line <030>	5707853131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rk@nep.net
<140>	Coverage and Performance Report Year	06/2013 - 07/2014

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
	PA	Wayne	421279602001193	0	0	0	0.94	0.0	0.0	No	No	No
	PA	Wayne	421279602001025	0	0	0	1.4	0.0	0.0	No	No	No
	PA	Wayne	421279602002007	0	0	0	0.03	0.0	0.0	No	No	No
	PA	Wayne	421279602001022	0	0	0	0.04	0.0	0.0	No	No	No
	PA	Wayne	421279602001028	0	0	0	1.92	0.0	0.0	No	No	No
	PA	Wayne	421279602001128	0	0	0	0.01	0.0	0.0	No	No	No
	PA	Wayne	421279602001252	0	0	0	0.68	0.0	0.0	No	No	No
	PA	Wayne	421279602001093	0	0	0	4.41	0.0	0.0	No	No	No
	PA	Wayne	421279602001260	0	0	0	0.4	0.0	0.0	No	No	No
	PA	Wayne	421279602001144	0	0	0	0.11	0.0	0.0	No	No	No
	PA	Wayne	421279602001044	0	0	0	0.94	0.0	0.0	No	No	No
	PA	Wayne	421279602001191	0	0	0	4.69	0.0	0.0	No	No	No
	PA	Wayne	421279602001095	0	0	0	0.1	0.0	0.0	No	No	No
	PA	Wayne	421279602001026	0	0	0	0.21	0.0	0.0	No	No	No
	PA	Wayne	421279602002184	0	0	0	0.85	0.0	0.0	No	No	No
	PA	Wayne	421279602001056	0	0	0	0.13	0.0	0.0	No	No	No
	PA	Wayne	421279602001097	0	0	0	2.58	0.0	0.0	No	No	No
	PA	Wayne	421279602001091	0	0	0	0.01	0.0	0.0	No	No	No
	PA	Wayne	421279602001070	0	0	0	0.48	0.0	0.0	No	No	No
	PA	Wayne	421279602002003	0	0	0	0.21	0.0	0.0	No	No	No

 Percentage of  
 Total Population  
 Reached by  
 Service

0

 Percentage of Total  
 Road Miles covered  
 by Service

0



FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

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